



Practice Tips

Screening mnemonic for generalized anxiety disorder

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The lifetime prevalence of generalized anxiety disorder (GAD) is between 6% and 10% in the general population; more women than men are affected.¹ Studies of anxiety disorders in primary care populations have shown that up to 18% of patients suffer from any anxiety disorder, and 7% of patients have GAD. A study of 6370 primary care patients found that 33% of patients reported anxiety symptoms, but these symptoms went undiagnosed and untreated in more than half of all cases.²

Generalized anxiety disorder is associated with functional impairment and increased risk of adverse health outcomes, including cardiovascular disease and suicide.³ Generalized anxiety disorder is also frequently found in conjunction with other psychiatric conditions, including depression, panic disorder, posttraumatic stress disorder, and social phobia.⁴

Somatic symptoms are common in GAD, and patients diagnosed with GAD visit primary care physicians twice as often as patients with similar medical and socioeconomic backgrounds.⁴ Patients with GAD are infrequently referred to psychiatrists for management, but are referred to other medical specialists for evaluation of somatic symptoms. One study examining referral patterns for patients with anxiety found that patients with GAD were twice as likely to be treated by gastroenterologists as psychiatrists, likely a reflection of the somatic symptoms that patients with GAD have.⁴

Recognition and treatment of GAD will most likely fall to primary care physicians, so it is important that family physicians are able to recognize the

disorder. The *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, text revision (DSM-IV-TR)⁵ describes GAD criteria as excessive anxiety and worry for 6 months about a number of different activities or events; the person finds it difficult to control the worry; the worry is accompanied by three or more of restlessness, fatigue, impaired concentration, irritability, muscle tension, and sleep disturbance.

Though useful for research purposes, such criteria are cumbersome, and patients rarely complain of anxiety as a presenting symptom. I have devised a mnemonic to remember the core features of GAD based on DSM-IV-TR criteria.

Mnemonic for GAD

The mnemonic is AND I C REST (read “and I see rest”). Each of the capital letters of the mnemonic corresponds to a screening question for GAD (Table 1). If a patient answers yes to all the first three questions (the AND), the remaining screening questions can be asked to further delineate the extent of the disorder. In addition to all the AND criteria, three or more of the I C REST symptoms are also necessary to meet DSM-IV-TR criteria for GAD. Failure to answer positively to all the first three questions makes the diagnosis of GAD unlikely, and proceeding with the remainder of the mnemonic is unnecessary.

Diagnosis

Once GAD is suspected, important conditions

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must be evaluated as potentially causing or exacerbating the condition. A thorough history of substance use with careful attention to caffeine, nicotine, marijuana, and stimulants as well as alcohol and benzodiazepine withdrawal is important. Prescription medications, including penicillin, sulfonamides, beta-adrenergic agonists, and steroids, can also cause symptoms of anxiety.


Medical conditions to include in the differential diagnosis of GAD include hyperthyroidism, hypoglycemia, anemia, cardiac arrhythmias, and pulmonary insufficiency. An inquiry into depressive symptoms and other anxiety disorders, including social phobia and panic disorder, should also be made. A family history of anxiety disorders might help confirm the diagnosis and guide treatment. Psychosocial stressors preceding or contributing to the disorder should also be evaluated.

I find the AND I C REST mnemonic easy to recall and apply when assessing patients in psychiatric inpatient and outpatient settings, and I frequently encounter undetected cases of GAD using this mnemonic. I routinely use the mnemonic to assess for concomitant GAD when assessing patients who suffer from other anxiety disorders, such as panic disorder or social phobia. I also find the mnemonic reminds me to look for symptoms of anxiety in depressed patients, as there is considerable overlap in the somatic symptoms of depression and anxiety, especially in the domains of sleep, energy, and concentration.

I also find that the mnemonic facilitates a more comprehensive evaluation of the effects of GAD on my patients and is useful in evaluating

Table 1. Generalized anxiety disorder screening mnemonic

DSM-IV-TR CORRELATES	SUGGESTED SCREENING QUESTIONS
A Anxious, nervous, or worried on most days about a number of events or activities	Do you feel anxious, nervous, or worried most of the time? Do you worry about several things?
N No control over the worry	Do you find it difficult to control the worry?
D Duration of 6 months	How long has this worrying been a problem for you?
I Irritability	Do you find that you are more irritable than usual? Do you find that you are more easily frustrated by others than usual?
C Concentration impairment	Are you having any troubles with concentration? Do you find your mind going blank at times?
R Restlessness	Are you feeling restless, fidgety, or that you can't sit still?
E Energy decreased	Are you feeling more tired than usual? Do you find that you are tiring more easily?
S Sleep impairment	Are you having any difficulties in falling asleep or staying asleep?
T Tension in muscles	Do your muscles feel tense? Do you feel wound up like a spring?

treatment efficacy during follow up. A MEDLINE search revealed two earlier mnemonics for GAD, but I find this mnemonic easier to remember and apply.^{6,7} The mnemonic could also act as a trigger to screen for GAD and to promote casefinding and treatment. I hope that you find this mnemonic as helpful as I have and that it helps your patients with GAD to C some REST. 

References

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We encourage readers to share some of their practice experience: the neat little tricks that solve difficult clinical situations. Tips can be mailed to **Dr Tony Reid**, Scientific Editor, *Canadian Family Physician*, 2630 Skymark Ave, Mississauga, ON L4W 5A4; by fax (905) 629-0893; or sent by e-mail to tony@cfpc.ca.